# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 19, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # N98000000527

1. Entity Name
FAITH HEALTH CLINIC, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4182 BALTZELL STREET<br>MARIANNA, FL 32446 | P O BOX 796<br>MARIANNA, FL 32447 |

01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SWEARINGEN, GLENDA F
4431 LAFAYETTE STREET
MARIANNA, FL 32446

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PRES |
| NAME | ANDEM, EFIONG DR. |
| STREET ADDRESS | 4461 BROAD STREET |
| CITY-ST-ZIP | MARIANNA, FL 32446 |
| TITLE | VP |
| NAME | PRESCOTT, LARUE O |
| STREET ADDRESS | 4664 SHANKLE DRIVE |
| CITY-ST-ZIP | MARIANNA, FL 32446 |
| TITLE | BDM |
| NAME | ANDEM, EMMA |
| STREET ADDRESS | 4461 BROAD STREET |
| CITY-ST-ZIP | MARIANNA, FL 32446 |
| TITLE | TREA |
| NAME | BARBER-REHBERG, GRACE |
| STREET ADDRESS | 4911 DONNA DRIVE |
| CITY-ST-ZIP | MARIANNA, FL 32448 |
| TITLE | BDM |
| NAME | RUSSELL, RAMONA |
| STREET ADDRESS | 2371 HWY 73 |
| CITY-ST-ZIP | MARIANNA, FL 32446 |
| TITLE | BDM |
| NAME | WILLIS, VAN DR |
| STREET ADDRESS | 974 VIEW DRIVE |
| CITY-ST-ZIP | ALFORD, FL 32420 |

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01/22/07-80018-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** DR EFIONG ANDEM 1/17/07 8504827149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #